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TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Nov 16 2 43 PM '65

Operator <b>A. G. McCarver, dba P-M Drilling Company</b>			
Address <b>2900 North Big Spring, Midland, Texas 79704</b>			
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter (if)	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Change in pool designation	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Payne Federal, NM 93226</b>	Lease No. <b>3</b>	Well No. <b>3</b>	Field Name <b>Triste Draw Delaware</b>	Kind of Lease State, Federal or Free <b>Federal</b>
Location				
Unit Letter <b>L</b>	<b>330</b>	Feet from The <b>West</b>	<b>1960</b>	Feet from The <b>South</b>
Line of Section <b>35</b>	Township <b>23 S</b>	Range <b>32 E</b>	Section <b>16</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3115, Midland, Texas</b>			
Name of Authorized Tran. of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Building, Odessa, Texas</b>			
If well produces oil or liquid, give location of tanks.	Unit <b>K</b>	Sec. <b>33</b>	Twp. <b>23 S</b>	Range <b>32 E</b>
	Is production commingled with other lease or pool? <b>Yes</b>		When <b>Upon completion</b>	

If this production is commingled with that from any other lease or pool give commingling data number

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	Leak Well <input type="checkbox"/>	Water Well <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back	Same Res't.	Diff. Res't.
Date Spudded <b>August 8, 1965</b>	Date Compl. Ready to Prod. <b>August 21, 1965</b>	Total Depth <b>5026'</b>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <b>3622 G.L.</b>	Name of Producing Formation <b>Delaware</b>	Top of Casing <b>4940'</b>		Tubing Depth <b>4930'</b>				
Perforations <b>4944'-48', 4949'-54', 4958'-59', 4960'-66</b>				Depth, Casing Shoe <b>5026'</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>10 3/4"</b>		<b>501'</b>		<b>200</b>			
<b>8 3/4"</b>	<b>4 1/2"</b>		<b>5026'</b>		<b>200</b>			
	<b>2"</b>		<b>4908'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of sand oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tanks <b>August 24, 1965</b>	Date of Test <b>August 25, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>150#</b>	Casing Pressure <b>370#</b>	Choke Size <b>16/64</b>
Actual Prod. During Test <b>56 bbls.</b>	Oil-Bbls. <b>51 bbls.</b>	Water-Bbls. <b>5 bbls.</b>	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells

H. G. McCarver  
(Signature)

Supt.

November 15, 1965

(Date)